

## CERTIFICATE OF LIABILITY INSURANCE

BUTLE-1 OP ID: KG

06/27/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s)

| certificate florder in field of such endorsement(s).  |   |                        |        |  |  |                               |                            |   |       |            |  |
|---|---|------------------------|--------|--|--|-------------------------------|----------------------------|---|-------|------------|--|
| PRODUCER THE YOUNG GROUP OF FUQUAY 411 N Judd Parkway NE, Suite A   |   |                        |        |  | CONTACT Kathleen Gill Honeycutt                              |                               |                            |   |       |            |  |
|   |   |                        |        |  | PHONE (A/C, No, Ext): 919-552-8274 FAX (A/C, No): 919-552-46 |                               |                            |   |       | 552-4615   |  |
| Fuquay-Varina, NC 27526<br>Kathleen Gill Honeycutt  |   |                        |        |  |  | E-MAIL<br>ADDRESS:            |                            |   |       |            |  |
|   |   |                        |        |  |  | INSURER(S) AFFORDING COVERAGE |                            |   |       | NAIC #     |  |
|   |   |                        |        |  | INSURER A : Erie Insurance Group                             |                               |                            |   | 26271 |            |  |
| INSURED Butler Homes, LLC Steven Eisenberg  |   |                        |        |  | INSURER B:   |                               |                            |   |       |            |  |
| 145 Baptist Grove Rd  |   |                        |        |  | INSURER C:   |                               |                            |   |       |            |  |
| Fuquay Varina, NC 27526   |   |                        |        |  | INSURER D :  |                               |                            |   |       |            |  |
|   |   |                        |        |  |  | INSURER E :                   |                            |   |       |            |  |
|   |   |                        |        |  |  | INSURER F:                    |                            |   |       |            |  |
| COVERAGES CERTIFICATE NUMBER:   |   |                        |        |  |  | REVISION NUMBER:              |                            |   |       |            |  |
| I I   | HIS IS TO CERTIFY THAT THE POLICIES                       | RANCE LISTED BELOW HAY | VE BEE | BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD |  |                               |                            |   |       |            |  |
| INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, |   |                        |        |  |  |                               |                            |   |       |            |  |
| EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  |   |                        |        |  |  |                               |                            |   |       | THE TERMO, |  |
| INSR  | TYPE OF INSURANCE   |                        | SUBR   |  |  | POLICY EFF<br>(MM/DD/YYYY)    | POLICY EXP<br>(MM/DD/YYYY) | LIMIT   | rs    |            |  |
| Α   | GENERAL LIABILITY   |                        |        | Q41105124  |  | 05/10/2019                    | 05/10/2020                 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$    | 1,000,000  |  |
|   | X COMMERCIAL GENERAL LIABILITY                            |                        |        |  |  |                               |                            |   | \$    | 1,000,000  |  |
|   | CLAIMS-MADE OCCUR   |                        |        |  |  |                               |                            | MED EXP (Any one person)                                  | \$    | 5,000      |  |
|   |   |                        |        |  |  |                               |                            | PERSONAL & ADV INJURY                                     | \$    | 1,000,000  |  |
|   |   |                        |        |  |  |                               |                            | GENERAL AGGREGATE   | \$    | 2,000,000  |  |
|   | GEN'L AGGREGATE LIMIT APPLIES PER:                        |                        |        |  |  |                               |                            | PRODUCTS - COMP/OP AGG                                    | \$    | 2,000,000  |  |
| _   | POLICY PRO-<br>JECT LOC                                   |                        |        |  |  |                               |                            |   | \$    |            |  |
|   | AUTOMOBILE LIABILITY                                      |                        |        |  |  |                               |                            | COMBINED SINGLE LIMIT (Ea accident)                       | s     |            |  |
|   | ANY AUTO  |                        |        |  |  |                               |                            | BODILY INJURY (Per person)                                | \$    |            |  |
|   | ALL OWNED SCHEDULED AUTOS                                 |                        |        |  |  |                               |                            | BODILY INJURY (Per accident)                              | \$    |            |  |
|   | HIRED AUTOS NON-OWNED AUTOS                               |                        |        |  |  |                               |                            | PROPERTY DAMAGE<br>(PER ACCIDENT)                         | S     |            |  |
|   |   |                        |        |  |  |                               |                            |   | \$    |            |  |
|   | UMBRELLA LIAB OCCUR                                       |                        |        |  |  |                               |                            | EACH OCCURRENCE   | \$    |            |  |
|   | EXCESS LIAB CLAIMS-MADE                                   |                        |        |  |  |                               |                            | AGGREGATE   | \$    |            |  |
|   | DED RETENTION\$   |                        |        |  |  |                               |                            |   | \$    |            |  |
| A   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY             |                        |        |  |  |                               |                            | WC STATU-<br>TORY LIMITS ER                               |       |            |  |
|   | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? |                        |        | Q891001088   |  | 05/10/2019                    | 05/10/2020                 | E.L. EACH ACCIDENT  | \$    | 1,000,000  |  |
|   | (Mandatory in NH)   | N/A                    |        |  |  |                               |                            | E.L. DISEASE - EA EMPLOYEE                                | \$    | 1,000,000  |  |
|   | If yes, describe under<br>DESCRIPTION OF OPERATIONS below |                        |        |  |  |                               |                            | E.L. DISEASE - POLICY LIMIT                               | \$    | 1,000,000  |  |
|   |   |                        |        |  |  |                               |                            |   |       |            |  |
|   |   |                        |        |  |  |                               |                            |   |       |            |  |
|   |   |                        |        |  |  |                               |                            |   |       |            |  |

CERTIFICATE HOLDER CANCELLATION

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

HARN001

Harnett County Permits and Inspections 108 East Front Street Lillington, NC 27546 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Kathleen Honeycutto